

10/4/90  
1064 U.S. PTO

06-15-1

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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. Mirus.013.01.01

First Inventor or Application Identifier Wolff

Title Intravascular Delivery of Non-Viral Nucleic Acid

Express Mail Label No.

ET178153038US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 37]
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
4. Oath or Declaration [Total Pages ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Small Entity  Statement filed in prior application,  
(PTO/SB/09-12) Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: .....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 09 / 450,315

Prior application information: Examiner William Sandals Group / Art Unit: 1636

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

or  Correspondence address below

Name	Mark K. Johnson			
Address	PO Box 510644			
City	New Berlin	State	WI	Zip Code
Country	US	Telephone	262 821-5690	Fax
Name (Print/Type)		Registration No. (Attorney/Agent)		35,909
Signature				Date
				June 14, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

09/881326  
06/14/01

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# FEE TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 355.00)

## Complete if Known

Application Number	
Filing Date	June 14, 2001
First Named Inventor	Wolff
Examiner Name	
Group / Art Unit	1636
Attorney Docket No.	Mirus.013.04.02

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number Deposit Account Name 

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	<input type="text"/>
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139 130 Non-English specification	<input type="text"/>
147	2,520	147 2,520 For filing a request for reexamination	<input type="text"/>
112	920*	112 920* Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215 55 Extension for reply within first month	<input type="text"/>
116	380	216 190 Extension for reply within second month	<input type="text"/>
117	870	217 435 Extension for reply within third month	<input type="text"/>
118	1,360	218 680 Extension for reply within fourth month	<input type="text"/>
128	1,850	228 925 Extension for reply within fifth month	<input type="text"/>
119	300	219 150 Notice of Appeal	<input type="text"/>
120	300	220 150 Filing a brief in support of an appeal	<input type="text"/>
121	260	221 130 Request for oral hearing	<input type="text"/>
138	1,510	138 1,510 Petition to institute a public use proceeding	<input type="text"/>
140	110	240 55 Petition to revive - unavoidable	<input type="text"/>
141	1,210	241 605 Petition to revive - unintentional	<input type="text"/>
142	1,210	242 605 Utility issue fee (or reissue)	<input type="text"/>
143	430	243 215 Design issue fee	<input type="text"/>
144	580	244 290 Plant issue fee	<input type="text"/>
122	130	122 130 Petitions to the Commissioner	<input type="text"/>
123	50	123 50 Petitions related to provisional applications	<input type="text"/>
126	240	126 240 Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581 40 Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	760	246 380 Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	760	249 380 For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
Other fee (specify)			<input type="text"/>
Other fee (specify)			<input type="text"/>

SUBTOTAL (1) (\$ 355.00)

## 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims <input type="text"/>	-20** = <input type="text"/> X <input type="text"/> = <input type="text"/> 0.00	<input type="text"/>
Independent Claims <input type="text"/>	-3** = <input type="text"/> 0 X <input type="text"/> = <input type="text"/> 0.00	<input type="text"/>
Multiple Dependent <input type="text"/>		<input type="text"/>

\*\*or number previously paid, if greater; For Reissues, see below

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	78	202 39 Independent claims in excess of 3
104	260	204 130 Multiple dependent claim, if not paid
109	78	209 39 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

## Complete if applicable

Name (Print/Type)	Mark K. Johnson	Registration No. (Attorney/Agent)	35,909	Telephone	(262) 821-5690
Signature				Date	June 14, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.